2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Feb 10, 2005 8:00 am

DOCUMENT # N9700005048 1. Entity Name FIRST CHURCH OF CHRIST, SCIENTIST, DELRAY BEACH,-FLORIDA,-INC.				Secretary of State 02-10-2005 90061 034 ****61.25			
Principal Plac	ce of Business	Mailing Address			7)	
	H [*] AVENUE	200 S.E. 7TH AVENUE DELRAY BEACH FL 33				-	
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			I IDERHAT ERA TOUR HOOTI BOML OOME EEM EENE OERAT OREK OOME ERAN TOUR OOT		
City & State		City & State			1st MOORE CR2E037 (10/04) 4. FEI Number Applied Fo		
					59-0911445 Not Applica		
Zip	Country	Zip	Country		5. Certificate of Status Desired	•	
ļ	6. Name and Address of Current	Registered Agent	Name		7. Name and Address of New Registered Agent		
CIODDANO IDENE D				Name Joyce Richardson			
GIORDANO, IRENE R 86 MACFARLANE DR.			Street A	Street Address (P.O. Box Number is Not Acceptable)			
DELRAY BEACH FL 33483				553 S	S.E. 27th Way, #42B		
·			City	City Boynton Beach, F1. XXX FL 33435			
	named entity submits this statement to tions of registered agent.	or the purpose of changing its	registered office o	r registere	ed agent, or both, in the State of Florida. I am familiar with, and acc	ept-	
SIGNATURE	Signature, Aped or printed nerrie of registered agent	scison (NOTE	Registered Agent signal	rie ledmed w	when reinstating) DATE		
	FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Can Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Make Check Payable to: Added to Fees Florida Department of State		
	Tree delice						
10.	OFFICERS AND DI		11.		DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	\$\dagger{\partial}{p} \tag{2}	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Atra Poruggement, Clerk

561-276-4551